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**TRANSMITTAL
FORM**

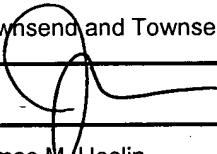
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/787,532
Filing Date	February 25, 2004
First Named Inventor	Malecki, William
Art Unit	3731
Examiner Name	Unassigned
Attorney Docket Number	022128-000130US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 1 Reference Copy A copy of PCT Search Report
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	April 29, 2005	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Tiffany Wu
Date	April 29, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

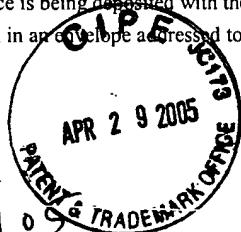
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 4/27/09

TOWNSEND and TOWNSEND and CREW LLP

By: 

Tiffany Wu



PATENT
Attorney Docket No.: 022128-000130US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

William Malecki et al.

Application No.: 10/787,532

Filed: February 25, 2004

For: ENERGY BASED DEVICES AND
METHODS FOR TREATMENT OF
PATENT FORAMEN OVALE

Examiner: Unassigned

Art Unit: 3731

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

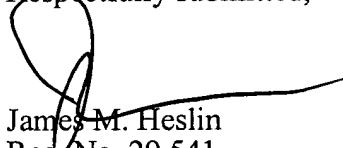
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. A copy of the Foreign Patent reference is enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the PCT application.

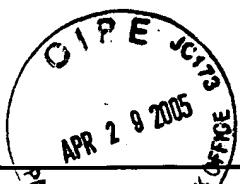
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


James M. Heslin
Reg. No. 29,541

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60477141 v1



Substitute for Form 1449A&B

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1			Complete if Known	
			Application Number	10/787,532
			Filing Date	February 25, 2004
			First Named Inventor	Malecki, William
			Art Unit	3731
			Examiner Name	Unassigned
			Attorney Docket Number	022128-000130US

U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
1	5,505,730		04-09-1996	Edwards	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)				
2	WO	99/18871	04-22-1996	Hearten Medical, Inc.		<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	Date Considered
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¹ EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

² Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.